



No.: 42P11688

RESPONSE UNDER 37 C.F.R. § 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Corres. and Mail
BOX AF

In re Application of:

Girard

Application No.: 10/002,337

Filed: October 30, 2001

For: A Mechanism to Improve
Authentication for Remote Management)
of a Computer System

Examiner: Derwich, Kristin M.

Art Group: 2132

RESPONSE AFTER FINAL

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on October 5, 2005, which was made final, applicant submits this Amendment After Final Action for consideration.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

December 2, 2005

Date of Deposit

Leah Schwenke

Name of Person Mailing Correspondence

Leah Schwenke

Signature

12/2/05

Date

Docket No.: 42P11688
Application No.: 10/002,337



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/002,337
Filing Date	October 30, 2001
First Named Inventor	Luke E. Girard
Examiner Name	Ungar, Daniel M.
Art Unit	2132
Attorney Docket No.	42390P11688

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	39*	0	\$0.00
Independent Claims	1	9*	0
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	300	2204	150
1205	300	2205	150
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	2451	1,510
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
1809	790	1809	395
1810	790	2810	395
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature		Date	12/02/05		